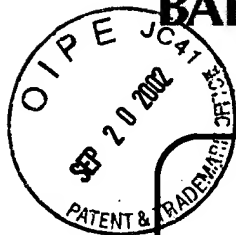


3683

**BAKER BOTTS LLP**Please type a plus sign (+) inside this box → ☐

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/853,014
	<b>Filing Date</b>	May 10, 2001
	<b>First Named Inventor</b>	Peter Schafer
	<b>Group Art Unit</b>	3683
	<b>Examiner Name</b>	Burch, Melody M.
<b>Total Number of Pages in This Submission</b>	<b>Attorney Docket Number</b>	A34196-PCT-USA-A

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input type="checkbox"/>		<b>RECEIVED</b> SEP 23 2002 <b>GROUP 3600</b>

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112	
<b>Signature</b>		Att Name: James J. Maune PTO Reg: 26,946
<b>Date</b>	September 16, 2002	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, Washington, DC 20231 on this date: September 16, 2002		
<b>Typed or printed name</b>	James J. Maune	
<b>Signature</b>		<b>Date</b> September 16, 2002



**BAKER BOTTS LLP**

Attorney Docket Number: A34196-PCT-USA-A

Title:

METHOD AND APPARATUS FOR CONTROLLING A BRAKING SYSTEM OF A VEHICLE

**RECEIVED**  
SEP 23 2002  
**GROUP 3600**

Use Space Below for Additional Information:

**BAKER BOTTS LLP****RECEIVED**

SEP 23 2002

**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 0

Complete if Known

**GROUP 3600**

Application Number	09/853,014
Filing Date	May 10, 2001
First Named Inventor	Peter Schafer
Examiner Name	Burch, Melody M.
Group Art Unit	3683
Attorney Docket No.	A34196-PCT-USA-A

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

02-4377

Deposit  
Account  
Name

Baker Botts LLP

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

- ☐
- Applicant claims small entity status.
- 
- See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Credit card ☐ Money  
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

**SUBTOTAL (1)** (\$ 0)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
20**	= 0	X	= 0
3**	= 0	X	= 0
Multiple Dependent			

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ 0)**SUBMITTED BY**Name (Print/Type) **James J. Maune**Registration No.  
(Attorney/Agent)

26,946

**Complete (if applicable)**

Telephone (212) 408-2566

Signature

Date September 16, 2002

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